

## Foster Family Home - Corrective Action Report

Provider ID: 4-622284

Home Name: Marjory Bumatay, CNA

Review ID: 4-622284-8

497 S. Kamehameha Avenue

Reviewer: Lori O'Keefe

Kahului HI 96732

Begin Date: 10/28/2019

### Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter, and

Comment:

6.d.1 - Recertification inspection conducted on 10/30/19 for this 3 bed home. The home was not in full compliance on the day.

A corrective action report will be issued via email after full review with CTA supervisor.

11/8/19 Corrective action report via email. Corrective action plan is due to CTA by 12/8/19.

### Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.a.1, 8.a.2 -

CG's #1 and #2 had lapse of APS/Can. Due by 8/3/19, completed 8/19/19.

CG#3 had a lapse of APS/CAN, due by 8/18/18, completed 10/16/18. Also had a lapse of the state name check (eCRIM) due by 7/22/18, completed 10/7/18.

### Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(6) Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;

Comment:

41.b.6 - CCFFH had renovations completed recently and one of the client bedrooms that is being utilized no longer meets building codes to be considered a bedroom.

### 3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) Staff - CG #4 is a Nurse Aide and has been providing coverage in the home as the SCG on duty for greater than 5 hours per day.

## Foster Family Home - Corrective Action Report

Foster Family Home Client Care and Services (11-800-43)

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.c.3 - There is no RN delegation or skills check list for CG's #2 and #4 for client #3.

Foster Family Home Fire Safety (11-800-43)

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.a - There are no night fire drills documented for 2018 or 2019.

Foster Family Home Client Accounting (11-800-43)

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.a - There is no client account record showing how clients funds are spent and there are no receipts available.

Foster Family Home Physical Environment (11-800-43)

49.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and

Comment:

49.a.5 - The fire extinguisher is empty.

Foster Family Home Records (11-800-43)

54.(c)(5) Medication schedule checklist;

54.(c)(8) Personal inventory.

Comment:

54.c.5 - Client #3 has a medication discrepancy:  
A medication was ordered on 9/26/19 by the MD but never placed on the MAR or initiated.

54.c.8 - Client #1 has no personal inventory record in chart.

Lori O'Keefe  
Compliance Manager

M. Butler  
Primary Care Giver

11/8/19  
Date

12/6/19  
Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Marjory G. Bumatay

CCFFH Address: 497 South Kamehameha Avenue, Kahului, HI, 96732

Rule Number	Corrective Actions Taken	Date Corrected	Prevention Strategy
8.a.1, 8.a.2	Lapse cannot be corrected	11/25/19	Home will use a calendar or smart phone to input reminders to prevent future lapse.
41.b.6	All clients were relocated to a new Foster Home location approved by the CTA. The clients' home location is now at 448 North Wakea Avenue, Kahului, HI, 96732.	11/25/19	Home will make sure that all client designated rooms have existing windows from now on.
3.b.2	Deficiency cannot be corrected; CG #4 will no longer provide coverage greater than 5 hours per day or 28 hours per week.	11/25/19	Home will only utilize a CNA for coverage more than 5 hours.
43.c.3	RN delegation/basic skills competency completed have been updated. CG#2 and CG#4 have signed the relevant documents regarding client #3.	11/25/19	Home will communicate with the RN to make sure delegation and skills competency is completed for any new SCG before SCG provides care to clients.

Primary Caregiver's Signature: MB

Print Name: Marjory Bumatay

Date of Signature: 11/1/20

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Marjory G. Bumatay

CCFFH Address: 497 South Kamehameha Avenue, Kahului, HI, 96732

Rule Number	Corrective Actions Taken	Date Corrected	Prevention Strategy
46.a	Fire Drill lapse cannot be corrected	11/25/19	We will make sure to conduct monthly fire drills. Ideally, each fire drill performed may happen during the day, evening, or night to better simulate an urgent situation.
48.a	Clients' account records have been created and placed in chart.	11/25/19	Home will make sure that client account records will be on file when handling client funds.
49.a.5	Empty Fire Extinguisher replaced with a new one.	11/25/19	Home will check status of fire extinguisher monthly during fire drills.
54.c.5	RN has already corrected the medication discrepancy for client #3.	11/25/19	Home will conduct monthly medication and monthly MAR review to ensure it is correct.
54.c.8	Client #1 has provided personal inventory of belongings and it is filed in chart.	11/25/19	Home will complete personal inventory within 1 week of admission to the home.

Primary Caregiver's Signature: M. Bumatay

Print Name: Marjory Bumatay

Date of Signature: 11/1/20